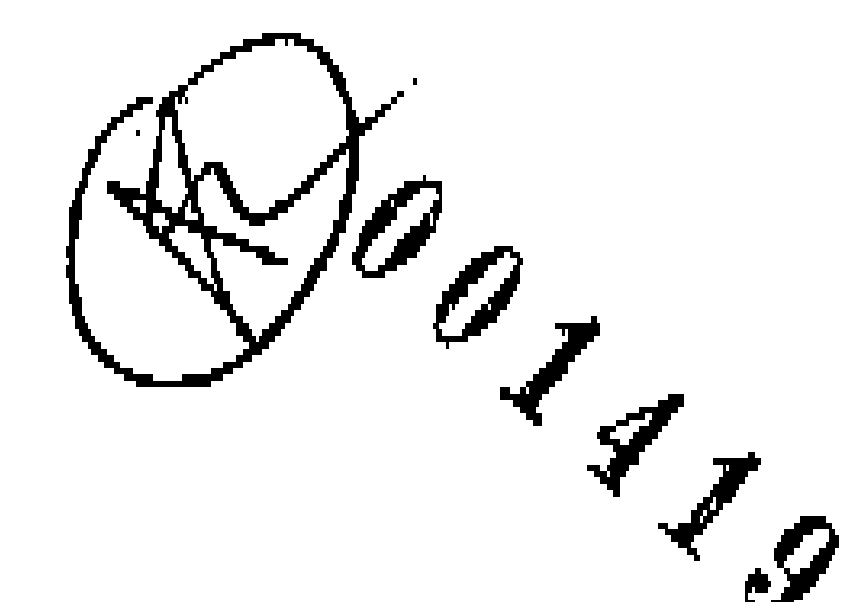


**United States Bankruptcy Court**  
P.O. Box 61288, Houston TX 77208

**SOUTHERN DISTRICT OF TEXAS**  
(Houston Division)

**PROOF OF CLAIM**

Name of Debtors <input checked="" type="checkbox"/> Stage Stores, Inc., a Delaware corporation <input type="checkbox"/> Specialty Retailers, Inc., a Texas corporation <input type="checkbox"/> Specialty Retailers, Inc. (NV), a Nevada corporation <small>*Place an "X" beside the name of the Debtor you are filing a claim against.</small> Name of Creditor (The person or other entity to whom the debtor owes money or property): <p style="text-align: center;"><b>WATSON ELECTRIC CO., INC.</b> 102 S. CUTTING AVE. JENNINGS, LA. 70546</p>		Case Number 00-35078-H2-11 00-35079-H2-11 00-35080-H2-11	United States Bankruptcy Court Southern District of Texas <b>FILED</b>  <b>AUG 09 2000</b>  <b>Michael N. Milby, Clerk</b>
Name and address where notices should be sent:  <p style="text-align: center;"><b>WATSON ELECTRIC CO., INC.</b> 102 S. CUTTING AVE. JENNINGS, LA. 70546</p>		<input checked="" type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.  <input checked="" type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case.  <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.	
Account or other number by which creditor identifies debtor:		Check here <input type="checkbox"/> replaces if this claim <input type="checkbox"/> amends a previously filed claim, dated: _____	
<b>1. Basis for Claim</b> <input type="checkbox"/> Goods sold <input checked="" type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Other _____		<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensation (Fill out below) Your SS#: _____ Unpaid compensation for services performed from _____ (date) to _____ (date)	
<b>2. Date debt was incurred:</b> <u>1-21-2000</u>		<b>3. If court judgment, date obtained:</b>	
<b>4. Total Amount of Claim at Time Case Filed:</b> \$ <u>84.00</u> If all or part of your claim is secured or entitled to priority, also complete item 5 or 6 below. <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.			
<b>5. Secured Claim.</b> <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff).  Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other All personal and intangible property of Debtor's Estate  Value of Collateral: \$ _____  Amount of arrearage and other charges at time case filed included in secured claim, if any \$ _____		<b>6. Unsecured Priority Claim.</b> <input checked="" type="checkbox"/> Check this box if you have an unsecured priority claim Amount entitled to priority \$ <u>84.00</u> <input checked="" type="checkbox"/> Specify the priority of the claim: <input checked="" type="checkbox"/> Wages, salaries, or commissions (up to \$4,300)* earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3) <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4) <input type="checkbox"/> Up to \$1,950* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6) <input type="checkbox"/> Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7) <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8) <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a)-_____ <small>*Amounts are subject to adjustment on 4/1/98 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.</small>	
<b>7. Credits:</b> The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.		This Space Is for Court Use Only  	
<b>8. Supporting Documents:</b> Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.			
<b>9. Date-Stamped Copy:</b> To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.			
Date <u>8-7-2000</u>	Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any): <u>Beverly C Gotte, Corp. Sec.</u> <u>Beverly C Gotte</u> Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.		

WATSON ELECTRIC CO., INC.  
102 S. CUTTING AVENUE  
JENNINGS LA 70546

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\* I N V O I C E \*  
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Invoice Number: 017768

Invoice Date: 01/25/00

Page: 1

Sold STAGE DEPARTMENT STORE  
To: 1216 NORTH LAKE ARTHUR AV  
JENNINGS LA.  
70546

JOB LOCATION:  
1216 NORTH LAKE ARTHUR AV  
JENNINGS STORE  
PO#W000031195

Ship Via.:  
Ship Date: 01/21/00  
Due Date: 01/25/00  
Terms: . . . . .

Cust I.D.: STADEP  
P.O. Number:  
P.O. Date: 01/21/00  
Job/Order No.:  
Salesperson: . . .

Item I.D./Desc.	Ordered	Shipped	Unit	Price	Net	TX
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CHANGED BAD BALLAST AND BULBS THROUGH OUT STORE.						
LABLABOR3	2.00	2.00	HOUR	42.00	84.00	E
1ST CLASS ELECTRICIAN & HELPER BLAINE GARY AND MARK PERSON						

Subtotal:	84.00
Tax: . . . . .	0.00
Payments:	0.00
Total: . . . .	84.00